| ·   |  |   |              |                                     |                       |                    |      |                           | Application or Docket Number |                                       |          |                     |                        |
|---|--|---|--------------|-------------------------------------|-----------------------|--------------------|------|---------------------------|------------------------------|---------------------------------------|----------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2000  |  |   |              |                                     |                       |                    |      |                           | [                            | 9.                                    | 70       | RIZ                 | 55                     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                                     |                       |                    |      | SMALL<br>TYPE             | . E1                         | ITITY                                 | OR       | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |  |   | 19           |                                     |                       |                    | [    | RATE                      | = 1                          | FEE                                   | <b>1</b> | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED |                                     | NUMBER EXTRA          |                    |      | <del></del>               |                              | 355.00                                | OB       | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=    |                                     | *                     |                    | Ì    | X\$ 9=                    |                              |                                       | OR       | X\$18=              |                        |
| INC   | EPENDENT CL                                    | _AIMS                                     | 12 mi        | nus 3 =                             | · G                   |                    |      | X40=                      |                              | · · · · · · · · · · · · · · · · · · · | OR       | X80=                | 20,00                  |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM P                             | RESENT       |                                     |                       | 7 -                |      |                           | A-8-8                        | 1                                     |          | ,                   |                        |
| * If  | the difference                                 | in column 1 is                            | less than ze | ss than zero, enter "0" in column 2 |                       |                    |      |                           | +135=<br>TOTAL               |                                       | OR       | +270=<br>TOTAL      |                        |
| CLAIMS AS AMENDED - PART II   |  |   |              |                                     |                       |                    |      |                           | \L                           |                                       | OR       |                     | THAN                   |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                                     |                       |                    |      | SMALL ENTITY              |                              |                                       | OR       | OTHER<br>SMALL      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID       | BER<br>OUSLY          | PRESENT<br>, EXTRA |      | RATE                      | =                            | ADDI-<br>TIONAL<br>FEE                |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                  |                       | =                  |      | X\$ 9                     | =                            |                                       | OR       | X\$18=              |                        |
|   | Independent                                    |   | Minus `      | ***                                 |                       | =                  |      | X40=                      |                              |                                       | OR       | X80=                |                        |
|   | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEF  | YENDEN I                            | CLAIM                 |                    |      | +135=                     | _                            | •                                     | OR       | +270=               | •                      |
|   |  |   |              |                                     |                       |                    |      | TOTAL                     |                              | ام                                    | TOTAL    |                     |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                                     |                       |                    |      | ADDIT. FI                 | EE !                         |                                       | 10       | ADDIT. FEE          |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID       | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA   |      | RATE                      | <b>E</b>                     | ADDI-<br>TIONAL<br>FEE                |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                  |                       | =                  | ſ    | X\$ 9=                    | = [                          |                                       | OR       | X\$18=              |                        |
|   | Independent                                    | *   | Minus        | ***                                 |                       | =                  | ſ    | X40=                      |                              |                                       | OR       | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                     |                       |                    |      | +135=                     | -                            |                                       | OR       | +270=               |                        |
|   |  |   |              |                                     |                       |                    |      | TOT.<br>DDIT. FI          | AL<br>EE                     | ,                                     | OR       | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                                     |                       |                    |      |                           |                              |                                       |          |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID       | BER<br>OUSLY          | PRESENT<br>EXTRA   |      | RATE                      |                              | ADDI-<br>TIONAL<br>FEE                |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                  |                       | =                  |      | X\$ 9=                    | .                            |                                       | OR       | X\$18=              |                        |
|   | Independent                                    | <u> </u>                                  |              | F 01 4***                           | =                     |                    | X40= | 1                         |                              | OR                                    | X80=     |                     |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |                                     |                       |                    |      |                           | _                            |                                       | OR       | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |   |              |                                     |                       |                    |      | +135=<br>TOT/<br>DDIT. FE | AL                           |                                       |          | TOTAL               | ;                      |
| ***   | If the "Highest Nu                             | mber Previously Pa                        |              | ronrinto ha                         | •                     | ADDIT. FEE         |      |                           |                              |                                       |          |                     |                        |